

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<b>SERIAL NO.</b> <span style="font-size: 1.2em;">107048044</span>		<b>FILING DATE</b>		
							<b>APPLICANT(S)</b>				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
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